



Town of Lexington
Land Use, Health and Development Department
Office of Public Health
1625 Massachusetts Avenue
Lexington, MA 02420
(781)-698-4533
Fax (781)-861-2780

Permit Number: _____
Issued Date: _____
Permit Fee: \$200.00
Check #: _____

Gerard F. Cody, R.E.H.S./R.S.
Health Director x 84503

Kathy P. Fox, R.E.H.S. /R.S., C.H.O., CP-FS
Environmental Health Agent x 84507

David Neylon, B, S.N., R.N.
Public Health Nurse x 84509

Board of Health

Wendy Heiger-Bernays, PhD, Chair
Sharon Mackenzie, R.N., CCM
Burt M. Perlmutter, M.D.
David S. Geller, M.D.
John J. Flynn, J.D.

TOBACCO SALES PERMIT APPLICATION

MA Dept. of Revenue Tobacco License #:	
Business Name & Address:	
Mailing Address (if different):	
Phone:	Fax:
Owner/Operator:	New Owner: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	Phone:
E-mail Address:	

Type of Establishment: (please check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Gas Station Only | <input type="checkbox"/> Gas Station/Mini Mart | <input type="checkbox"/> Package/Liquor Store |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Retail Food Service | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Lounge/Bar |
| | <input type="checkbox"/> Other | |

If corporation or partnership, include Name, Title, Address and Phone # or partners

Name:	
Title:	
Home Address:	Phone:
State of Incorporation:	
Name and address of local agent:	

Note:

Per Order of Lexington Board of Health:

**The use of e-cigarettes and tobacco products at indoor establishments is prohibited by local law §155-14*

**The sale of e-cigarettes or tobacco products to persons under the age of 21 is prohibited in the Town of Lexington, MA §155-222*

Signature

I certify under the penalty of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes as required by law.

Signature of Individual or Corporate Officer

SS# or FID#

For Board of Health Use Only

Date Received: _____	Fee Received: _____
Employee Statement Form(s) Received: _____	Permit #: _____

I have read the Lexington Board of Health Regulations and State Law regarding tobacco sales. I understand these laws and will do my best to uphold the regulations by asking to see proper identification when a person under age 27 seeks to purchase tobacco products.

Manager Signature

Store Name

Manager Signature

Store Name

Manager Signature

Store Name

Manager Signature

Store Name

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Version 2, June 2016